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REQUEST
FOR

## CONTINUED EXAMINATION (RCE) TRANSMITTAL TOP

Address to: Mail Stop RCE Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

MAY 1 8 2005

Application Number	10/022,284	
Filing Date	December 20, 2001	· ·
First Named Inventor	Tomihara	<i>y</i>
Group Art Unit	1745	
Examiner Name	Yuan	
Attorney Docket Number	249-244	

This is a Request for Continued Examination (RCE) under 37 C.F.R. §1.114 of the above-identified application.

Request for continued Examination (RCE) practice under 37 C.F.R. § 1.114 under 1.114 unde
amendment(s).  i.
b.
ii. Affidavit(s)/Declaration(s)  iii. Information Disclosure Statement (IDS)  iii. Information Disclosure Statement (IDS)  iv. Other  2. Miscellaneous  a. Suspension of action on the above-identified application is requested under 35 C.F.R. § 1.103(c) for a period of
a. Suspension of action on the above-identified application is requested under 35 C.F.h. § 1.17(i) required)  a period of
a. ☐ Applicant claims "small entity" status. b. ☐ Fees are attached as calculated below: i. ☐ RCE fee required under 37 C.F.R. § 1.17(e) \$790.00 (1801)/\$395.00 (2801) \$790.00 ii. ☐ Petition is made to extend the due date two months (less one months previously paid) \$330.00 iii. ☐ Other  c. ☐ Check in the amount of \$
<ul> <li>a. ☐ Applicant claims "small entity" status.</li> <li>b. ☐ Fees are attached as calculated below: <ul> <li>i. ☐ RCE fee required under 37 C.F.R. § 1.17(e)</li> <li>ii. ☐ Petition is made to extend the due date two months (less one months previously paid)</li> <li>iii. ☐ Other</li></ul></li></ul>
c. Check in the amount of \$enclosed. d. Payment by credit card (credit card payment form attached) in the amount of \$ 1120.00 enclosed.  Payment by credit card (credit card payment form attached) in the amount of \$ 1120.00 enclosed.
e. The Director is hereby authorized to charge any deficiency in the fee(s) find of which hereby authorized to charge any deficiency in the fee(s) find of which hereby authorized to charge any deficiency in the fee(s) find of which hereby authorized to charge any deficiency in the fee(s) find of which hereby authorized to charge any deficiency in the fee(s) find of which hereby authorized to charge any deficiency in the fee(s) find of which hereby authorized to charge any deficiency in the fee(s) find of which hereby authorized to charge any deficiency in the fee(s) find of which hereby authorized to charge any deficiency in the fee(s) find of which hereby authorized to charge any deficiency in the fee(s) find of which hereby authorized to charge any deficiency in the fee(s) find of which hereby authorized to charge any deficiency in the fee(s) find of which hereby authorized to charge any deficiency in the fee(s) find of which hereby authorized to charge any deficiency in the fee(s) find of the fee(s) fi
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED
Name (Print Type)  Arthur R. Crawford  Registration No. (Attomey/Agent)  Date  May 18, 2005
Signature Chh. L. Will
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